



STATE OF RHODE ISLAND
DIVISION OF TAXATION EMPLOYER TAX SECTION
ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829
Telephone (401) 222 - 3696
Hearing Impaired (401) 222 - 6287

NOTICE OF ELECTION OF
REIMBURSEMENT/CONTRIBUTION METHOD

The organization named hereon:

Name of Organization

Address

Please check one of the following and return with our Business Application and Registration form,
Determination of Liability.

☐

Elects to reimburse the Rhode Island Employment Security Fund for Employment Security benefits legally paid to individuals attributable to service in the employ of this organization according to Sections 28-43-29,30,31 of the Rhode Island Employment Security Act.

☐

Elects to pay contributions under the provisions of Chapters 42 to 44, inclusive, of the Rhode Island Employment Security Act.

Signed _____ Title _____ Date _____